Edgar Filing: Hanson Jason David - Form 4

| Hanson Jason Form 4 | | | | | | | | | | | |
|--|---|---|---|--|--|-----------------------------|---|---|--|---------------------------------|--|
| March 09, 20 FORM Check thi if no long subject to Section 10 Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b). | 4 UNITED s box er 5 STATE 6. Filed p Section 1' | EMENT OF ursuant to S 7(a) of the 3 | Was F CHAN Section 14 Public Ut | Shington, GES IN SECUR 6(a) of the | D.C. 20 BENEF ITIES e Securit ling Con | 549 ICIA ies E | L OW xchang y Act of | COMMISSION NERSHIP OF e Act of 1934, 7 1935 or Section 0 | OMB Number: Expires: Estimated a burden hour response | • | |
| (Print or Type R | Responses) | | | | | | | | | | |
| Hanson Jason David Symbol | | | er Name and Ticker or Trading CIS PHARMACEUTICAL [MRX] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) 7720 N. DO | (First) BSON RD. | (Middle) | 3. Date of (Month/D 03/07/20 | - | ansaction | | | Director Difficer (give below) EVP,Genera | | Owner er (specify orp Sec | |
| | | | | nendment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person | | | |
| SCOTTSDA | LE, AZ 85256 |) | | | | | | Form filed by M Person | lore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Yea | r) Executio any | med n Date, if Day/Year) | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | spose 4 and (A) or | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 03/07/2010 | | | F | 1,609 (1) | D | \$ 23.09 | 267,913 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Edgar Filing: Hanson Jason David - Form 4

Reporting Owners

| Reporting Owner Name / Addres | s | Relationships | | | | | | | |
|--|------------|---------------|--------------------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Hanson Jason David 7720 N. DOBSON RD. SCOTTSDALE, AZ 85256 | | | EVP,General Counsel & Corp Sec | | | | | | |
| Signatures | | | | | | | | | |
| Jason D. Hanson | 03/09/2010 | | | | | | | | |

**Signature of Reporting Person Date

Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Upon the vesting of 4,857 shares on March 7, 2010 under a restricted stock grant dated March 7, 2007, the reporting person had 1,609 shares withheld by the Company for personal tax liability withholding.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.